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A/Reissue

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PTO/SB/50 (08-00)
Approved for use through 12/30/2000. OMB 0651-0003
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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10/044479
01/11/02

REISSUE PATENT APPLICATION TRANSMITTAL

| | | | | |
|---|---|---|--|---------------------------------------|
| Address to: Commissioner for Patents Box Reissue Washington, DC 20231 | Attorney Docket No. | 125.028USR1 | | |
| | First Named Inventor | Michael M. Walters, et al. | | |
| | Original Patent Number | 6,278,263 | | |
| | Original Patent Issue Date (Month/Day/Year) | 08/21/01 | | |
| | Express Mail Label No. | EL823841819US | | |
| APPLICATION FOR REISSUE OF: (check applicable box) | | <input checked="" type="checkbox"/> Utility Patent | <input type="checkbox"/> Design Patent | <input type="checkbox"/> Plant Patent |
| APPLICATION ELEMENTS (37 CFR 1.173) | | ACCOMPANYING APPLICATION PARTS | | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) | 7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). | | | |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 8. <input type="checkbox"/> Original U.S. Patent for surrender | | | |
| 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) | <input type="checkbox"/> Ribboned Original Patent Grant | | | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) | <input type="checkbox"/> Statement of Loss (PTO/SB/55) | | | |
| 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175)(PTO/SB/51 or 52) | 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) | | | |
| 6. Original U.S. Patent currently assigned? | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO- <input type="checkbox"/> Copies of IDS Citations | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) | | | |
| (If Yes, check applicable box(es)) | 12. <input checked="" type="checkbox"/> Preliminary Amendment | | | |
| <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) | 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | | | |
| <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96) <input type="checkbox"/> Power of Attorney | 14. Other: | | | |
| 15. CORRESPONDENCE ADDRESS | | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | | 27073 or <input checked="" type="checkbox"/> Correspondence address below | | |
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| Name (Print/Type) | Laura A. Ryan | | Registration No. (Attorney/Agent) | 49,055 |
| Signature | | | Date | January 11, 2002 |

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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | | Docket Number (optional) 125.028USR1 | | |
|--|--------------------------------------|-------------------------------------|-------------------------------------|--|--------------|---|---------------------------|-----|
| Claims as Filed – Part 1 | | | | | | | | |
| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | Rate | Fee | |
| (A) 18 | Total Claims (37 CFR 1.16(j)) | (B) 22 | **** 2 = | x \$ | = | x \$ 18 = | 36.00 | |
| (C) 3 | Independent claims (37 CFR 1.16(j)) | (D) 5 | * 3 = | x \$ | = | x \$ 84 = | 168.00 | |
| Basic Fee (37 CFR 1.16(h)) | | | | | \$ | | \$ 740.00 | |
| Total Filing Fee | | | | | \$ | | \$ 944.00 | |
| OR | | | | | | | | |
| Claims as Amended – Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest No. Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * = | x \$ | = | x \$ | = |
| Independent claims (37 CFR 1.16(j)) | *** | MINUS | **** | = | x \$ | = | x \$ | = |
| Total Additional Fee | | | | | \$ | | OR | \$ |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>501373</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>944.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card Form PTO-2038 is attached.</p> | | | | | | | | |
| January 11, 2002 Date | | | |  Signature of Applicant, Attorney, or Agent of Record | | | | |
| Laura A. Ryan / Reg. No. 49,055 Typed or printed name | | | | | | | | |

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